



City of Marietta

2017 BENEFITS OPEN ENROLLMENT REVIEW



ShawHankins

- Service Center- can answer questions on all benefits
- Available 8:00 am – 5:00 pm during open enrollment
- 800-994-7429
- Benefit Resource Center- shawhankinsbenefits.net/cityofmarietta
- All elections will be made using the ShawHankins bswift enrollment portal

Open Enrollment

- Open Enrollment is October 24 – November 11
- Enrollment Assistance will be available October 31 – November 4
 - ShawHankins will be available to answer questions and assist with online enrollment
 - Nov 1, Nov 2, & Nov 3 - Benefits Fair Custer Park Gym 8 am – 5 pm
 - Oct 31st & Nov 4th Fire Station Conference Room 8 am – 3 pm
- Open Enrollment is your opportunity to make elections for 2017
 - Only time you can make a change to those elections is if you experience a qualifying event:
 - Marriage, divorce
 - Birth or adoption
 - Change in your or your spouse's work status that affects benefits
 - Spouse's annual open enrollment period
 - Change in dependent eligibility status
 - Change in eligibility for Medicaid or Medicare
 - Death of dependent
 - Court order

Bswift Online Enrollment

- Make all elections through Bswift enrollment portal
- www.cityofmarietta.bswift.com
 - Username: first letter of first name, last name, and year of birth
 - Example: JSmith1972
 - Password: employee ID number
- If you do not make elections through the enrollment portal, your coverage will roll over for the 2017 plan year. You will not be permitted to make changes after the open enrollment period ends, unless you experience a qualifying event.
- You must make new FSA elections for 2017 to continue to participate in this plan. You must enroll in FSA through the bswift enrollment portal.

Medical and Prescription Coverage

Key Benefit	BCBS GA POS Plan In-Network
Lifetime Maximum	Unlimited
Deductible	\$750 per person \$2,250 per family
Coinsurance	80% plan / 20% member
Maximum Annual Out-of-Pocket Limit	\$6,600 per person \$13,200 per family
	Out of Pocket Maximum includes deductible, coinsurance and all copays – Office Visit, Urgent Care, Emergency Room and Prescriptions
Office Visits	
Primary Care Physician	\$35
Specialty Care Physician	\$40
Urgent Care Facilities	\$75
Routine Preventive Care	No Charge
Inpatient Hospital Facility Services, Physician's Visits/Consultations, Professional Services	Plan pays 80% after deductible
Outpatient Facility Services, Professional Services	Plan pays 80% after deductible
Hospital Emergency Room	\$200 per visit copay, Co-pay waived if admitted

Key Benefit	PPO Plan-Grandfathered Employees	
	In-Network	Out of Network
Lifetime Maximum	Unlimited	
Deductible	\$800 per person	
Coinsurance	\$2,400 per family	\$1,200 per person \$3,600 per family
	80% plan / 20% member	70% plan / 30% member
Maximum Annual Out-of-Pocket Limit	\$6,600 per person \$13,200 per family	No maximum
	Out of Pocket Maximum includes deductible, coinsurance and all copays – Office Visit, Urgent Care, Emergency Room and Prescriptions	
Office Visits Primary Care Physician Specialty Care Physician Urgent Care Facilities	Plan pays 80% after deductible	Plan pays 70% after deductible
Routine Preventive Care	No charge	Plan pays 70% after deductible
Inpatient Hospital Facility Services, Physician's Visits/Consultations, Professional Services	Plan pays 80% after deductible	\$300 per admit , then plan pays 70% after deductible
Outpatient Facility Services, Professional Services	Plan pays 80% after deductible	Plan pays 70% after deductible
Hospital Emergency Room	Plan pays 80% after deductible	

PharmAvail-Prescription Drugs Benefit	BCBS POS Plan	BCBS PPO Plan
Rx Calendar Year Deductible	None	\$200 per individual/ \$600 max for family
Retail Pharmacy 30 Day Supply Tier 1 Tier 2 Tier 3 Tier 4-Specialty Drugs	\$10 \$40 \$65 20% to \$400 max	20% 25% 30% 30%
Mail Order 90 Day Supply Tier 1- Generic Tier 2- Preferred Brand Tier 3- Non-preferred Brand Tier 4- Specialty Drugs	\$20 \$80 \$130 Not Available	Coinsurance applies
<ul style="list-style-type: none"> • Step Therapy required for), Hyper-Liptropics (Crestor), Fibromyalgia Agents (Lyrica), Migraine Treatment Triptan-Class (Sumavel), Selective Cox-2 Inhibitors (Celebrex), Anti-Hypertensives-ACE & ARB (Diovan) • Proton Pump Inhibitors (Nexium) covered OTC if available, instead of prescription version • Prior Authorization and Step Therapy is required on all Specialty Medications (i.e. Humira, Enbrel) 		

Plan Provisions	Medicare Advantage Plan PPO Network
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	None
Annual Out of Pocket Maximum	\$2,400 Per Person
Coinsurance	80% Plan / 20% Member
Preventive Care:	
Immunizations	100% (no copay)
Pap Smear / Mammography / Prostate Screening	100% (no copay)
Office Visits:	
Primary Care	\$5 copay
Specialist	\$10 copay
Hospital/Inpatient Services	\$250 per admit copay
Hospital/Outpatient Services	\$100 copay
Emergency Room (waived if admitted)	\$65 copay
Urgent Care	\$35 copay
Prescription Drugs:	
Tier 1	\$10 copay
Tier 2	\$25 copay
Tier 3	\$40 copay
Mail Order – 90 day supply	2 x copay

NEW! Prescription Drug Mail Order

- **Mail Order Program-** You will now be able to fill your 90 day prescriptions through a mail order program with MedVantx.
- On the POS Plan you will pay 2 x's the 30 day copay instead of 3 x's for a 90 day supply.
 - Please note that there will no longer be a cost savings for 90 day supplies filled at a retail pharmacy. If you choose to fill a 90 day supply at a retail pharmacy you will pay the full 3 x's copay.
- Registration options:
 - Register with MedVantx over the phone 866-744-0621
 - Register online at MedVantxRx.com
 - Complete registration form
- Manufacturer coupons may still be used

Pharmacy Changes

- **Proton Pump Inhibitors** will no longer be covered under the pharmacy benefits. Nearly all drugs in this class have been granted over the counter status by the FDA. These include Nexium, Prilosec, Protonix, Prevacid, Zegerid and their generic counterparts. You will be able to receive the same medications by purchasing them over the counter.
- **Specific higher priced medications** that have a lower cost therapeutic equivalent available will no longer be covered. These include Sklice, Acanya, Aczone, Lyrica, Pristiq, Vytorin, Zetia, Julia, Glumetza, Crestor, Restasis, and Zinna.
- **Specialty medications** will now have a 20% member cost share, up to a maximum of \$400 per script fill.

Dental Coverage

- No change to current plan design or cost with BCBSGA
- Locate participating providers at bcbsga.com- Prime and Complete Network

	CURRENT- BCBS Dental Base Plan		NEW-BCBS Dental Buy Up Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual maximum	\$1,000 per person		\$1,500 per person	
Deductible (Single/Family)	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75
Diagnostic/preventive services*	100%	100%	100%	100%
Basic benefit services	80%	80%	80%	80%
Major benefit services	50%	50%	50%	50%
Orthodontic services	Not Covered	Not Covered	50% to \$1,000 Lifetime Max	50% to \$1,000 Lifetime Max

Optional Vision Coverage

- No change to current plan design or cost with Avesis

	Avesis Vision CURRENT –Base Plan		Avesis Vision NEW-Buy Up Plan	
	In-network	Out-of-network reimbursement	In-network	Out-of-network reimbursement
Exam	\$10 copay	\$35	\$10 copay	\$45
Standard lenses	\$25 copay	\$25 single, \$40 bifocal, \$50 trifocal	\$15 copay	\$40 single, \$60 bifocal, \$80 trifocal
Frames	\$50 wholesale allowance	\$45	\$65 wholesale allowance	\$75
Contact lenses	\$130 allowance	\$130	\$150 allowance	\$150
Medically necessary contact lenses	Paid in full	\$250	Paid in full	\$250
Laser vision correction	\$150 allowance	\$150 allowance	\$300 allowance	\$300

Questions?